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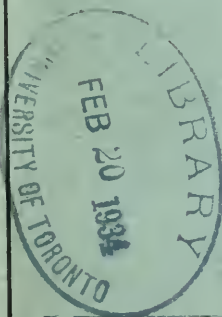
H. E. T. MANNING, M. D., T. A. ASHBY, M. D.


OCTOBER, 1877.

PUBLISHED MONTHLY BY
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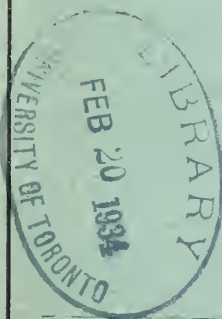
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MARYLAND MEDICAL JOURNAL.

VOL. I.

BALTIMORE, OCTOBER, 1877.

No. 6.

ORIGINAL PAPERS.

CHRONIC CORPOREAL ENDOMETRITIS.— A TYPICAL CASE.

BY T. CHALMERS DOW, M. D., PROFESSOR OF GYNÆCOLOGY AND
DISEASES OF CHILDREN, NASHVILLE MEDICAL COLLEGE, TENN.

He who treats to a successful issue a case of Chronic Corporal Endometritis heaves a great sigh of relief and feels that he has accomplished something far above the ordinary achievements of the Gynæcologist. The stubborn character of the disease, its chronic nature, the prognosis, always grave with reference to a cure, all conduce to gratify his professional vanity, while if he has failed, as so many have done, he is consoled by such an utterance as even Scanzoni expressed, that "as for ourselves we do not remember a single case where we have been able to cure an abundant uterine leucorrhœa of several years' standing."

In most cases no one might doubt his ability to ameliorate the most prominent symptoms, but a cure must be restricted to those cases which are recent, and where the prognosis is favourable as defined by existing rational and physical signs.

A great drawback, that the medical attendant labors under, is the fact that he is rarely called upon to treat cases that are recent; for it is a well established tradition, that women are silent sufferers when the sexual apparatus is the seat of any derangement.

There has been much discussion, of late years, in regard to the frequency of this affection. The most excellent authorities, have decided *pro and con*; the present state of its pathology must be

regarded as unsettled and only to be decided after more thorough and reliable statistics shall have reconciled conflicting statements.

Perhaps many cases which pass for Corporeal Endometritis are, in reality, purely cervical, allowed to be a glandular disease, the utricular follicles being the seat of the disorder, and the exaggeration of their secretory function, producing the pathognomonic uterine leucorrhœa, it would appear a rarity for the two affections to be segregated, and that they would always be coëxistent. It has been declared from an able source, that the most frequent locality of uterine inflammation is that portion of the uterus below a line running across it through the os internum, and while the lining membrane of body and cervix may be simultaneously affected, this is the exception and not the rule, generally either one or the other portion of the organ being the seat of the disease. Differential diagnosis and physical exploration must declare the existence of one or both.

A long list of predisposing and exciting causes has been enumerated but, unlike most other uterine affections, it cannot always be treated with direct reference to the cause. As a complication of subinvolution of the uterus it is more commonly observed than as a consequence of all the other causes combined.

On the 31st July, 1874, I was called to see Mrs. J., æt. 30; found her confined to bed and much debilitated; she was the mother of four children, but had labored under sterility seven years, or since her last confinement. In the interim she had been a constant, silent sufferer; she had borne up as long as she was able, until nature rebelled at the imposition, forcing her to declare her sufferings. With tears and lamentations she consented to an examination, which revealed a condition of heat and tenderness about the vagina, prolapse, os abnormally large and the sulcus of a fissure or rent on the posterior lip; she thought the latter was the initiation of all her troubles and stated that it occurred in her last confinement, from too hasty expulsion of the child.

Sims' speculum gave evidences of the tenacious, rust-colored mucus exuding from os. The probe passed to fundus, showed length of uterus to be abnormal, and created much discomfort.

Conjoined manipulation found great sensitiveness in body of organ. Dysmenorrhœa had given her much trouble. Pain in the back, groins and hypogastrium had been constantly present. She had developed numerous nervous symptoms; neuralgic headache was especially prominent, with hysterical symptoms, a pronounced tendency to sadness and weeping. Disorders of certain nervous influences, which are said to govern peristalsis, and give tone to the intestinal muscular tissues, had induced obstinate constipation.

I immediately gave special attention to sustaining and improving her general health. Rest in bed, hot *douche* to uterus three times daily, and at night the glycerine tampon. This course was persisted in for a fortnight and the application of alteratives to the diseased surfaces then commenced, after thorough dilatation of cervical canal.

I first made use of Dr. Lente's nitrate-of-silver apparatus, but such intense pain was excited and uterine contractions being so powerful, that the silver probe or *pôte caustique* would be grasped and firmly held, preventing its withdrawal for several minutes; uterine colic was also produced, although the treatment was preceded by the hypodermic use of morphia. After giving the silver a fair trial, it was abandoned; after each application the leucorrhœa would be more violent than before. Nitric acid was used, but without avail. Saturated solutions of copper and zinc did not seem to mitigate her case. Resort was then had to the officinal tinct. Iodine, carefully sponging the whole intra uterine surface, the applications being made three times weekly, and each application followed by the glycerine tampon. This treatment had the most beneficial effect, as compared with former medication; sponges were passed over the diseased surface first to remove the mucus, and the iodine then applied with mops of cotton.

Treatment in this case was continued during ten months; any omission of it, in this time, would be followed by a relapse and an increased secretion of the leucorrhœa. As soon as she was pronounced well, she became pregnant, and a sterility of over seven years was relieved. I attended her in her confinement on June 3rd, 1876, and noted several points of interest; she had

literally a dry labor; there was no bag of waters, no amniotic discharge, there was retained placenta, which had to be forcibly detached. Another strange feature in the case presented itself; the infant was a female, large, well-developed, and shortly after birth commenced to urinate blood; the urine would pass off clear and the blood would follow, would collect on the napkins, averaging one or two ounces daily; this symptom persisted for several days, and seemed to give the infant no pain or inconvenience, nor did it cry; in three or four days it disappeared without treatment.

Mrs. J. has since her confinement kept well, nor does there seem any disposition for a return of her disease.



CASE OF EXTREME MUSCULAR ATROPHY OF THE LOWER EXTREMITIES.—NEURITIS(?).—RECOVERY.

BY F. T. MILES, M. D., PROF. OF ANATOMY, AND CLINICAL PROF. OF DISEASES OF THE NERVOUS SYSTEM, UNIVERSITY OF MARYLAND.

Blake, aged 37, medium height, laborer, was received into the Baltimore Infirmary September 18th, 1876. His lower limbs presented a remarkable Muscular Atrophy, affecting the thighs and legs, the muscles of the feet not being much affected. The left thigh and leg were most atrophied, indeed so much reduced in size that, grasping just above the knee, I could very nearly make my thumb and middle finger touch around the limb. The left leg was flexed at an acute angle on the thigh, and the thigh somewhat flexed on the pelvis. Patient could make but very slight voluntary movements in these joints, and passive motion could only be carried to a limited extent, and caused pain if an effort was made to overcome the resistance. The knee and hip joints of the right leg were also partially flexed, but could be brought to a position of nearly full extension, partly by voluntary movement, partly by the patient extending them with his hands. This extension of the right leg was also productive of

some pain. The ends of the bones forming the knee joints, particularly of the left, appeared enlarged, even where allowance was made for the great reduction in size, of the thigh and leg. The feet were in a position of moderate valgus.

There was no paralysis. The patient could impress some though a very limited amount of motion on the knee and hip joints, and move the toes feebly—an activity about as great as could be expected from the extremely atrophied muscles and stiffened joints. It was difficult to decide as to the sensibility of the affected limbs, but it appeared to me that it was diminished. When at rest he suffered no pain.

The electrical examination showed that in neither limb could contractions be obtained with either the Faradic or Galvanic current.

His back in the lumbar region was straight and flat, wanting the natural concavity of that region, otherwise presenting nothing abnormal. There was no pain elicited by pressure along the spine, nor did pretty hard thumping cause any feeling of uneasiness. His arms and hands were thin, but possessed a very fair share of strength. Mind clear, disposition cheerful. Appetite and digestion good.

His mode of progression was peculiar. He crawled in a side-long fashion on his hands and right knee, the arms being the motor power, the right leg assisting to a limited extent, the left being dragged along.*

The history he gave of his case is as follows: About the middle of February of the same year, as he was returning home from work (building a fence), his attention was attracted to a pain in the right lumbar region which he attributed to working in a stooping position. This pain increased, and continued for some time, (he thinks about a month) but did not cause him to stop work; it then "went into" his right hip and leg, which began to "waste," and gradually became flexed so that he could get only the ball of the foot to the ground. He continued to go about with the aid of a stick. After a long time (patient was in-

*His mode of progression acquired for him amongst his fellow patients the descriptive soubriquet of "crab."

definite as to the duration of the stages of his sickness,) "the pain, and soreness left his right leg and returned to his back," and then the left hip and leg became very painful, and the limb began to waste and become flexed, as the other had done. During this time the right leg improved. From the account of his case by the patient, it was impossible to ascertain if sensation in the lower limbs had been in any way affected during his sickness, or if pressure over the course of nerves had caused pain, when he was first attacked. There had been no paralysis of bladder, or sphincter ani. About the middle of July when he began to crawl about, and drag his wasted limbs after him, an ulceration occurred below each patella. The one on the right limb soon healed, that on the left was very tedious, and a long time getting well.

I expressed the opinion, at the time of his examination in my clinic, that the affection was not a poliomyelitis, which was the impression produced by the first glance, as there was no history of even a temporary paralysis, the loss of power being gradual, and going *pari passu* with the muscular atrophy. Progressive muscular atrophy was excluded by the mode of invasion, rapidity of progress of the atrophy, and the complete loss of electric contractility in muscles where voluntary movements, though feeble, were still retained. And I ventured the opinion that we had to do with a peripheral, not a central trouble, and called the attention of the class to the more favorable prognosis resulting from this diagnosis in general, though I frankly confessed I had little hope of improvement in this individual case.

The treatment consisted in the daily use of the Faradic current to the muscles and nerves of the lower limbs, a treatment which was carried out with the greatest intelligence and patience, by my clinical assistants.

The improvements in the size and power of the muscles (though they did not respond to the current) was soon apparent, and continued steadily. Early in November he complained of pain in the region between the crest of the left ilium and the umbilicus, also of some pain in the back and legs. A blister near the seat of pain, and the galvanic current (the anode applied over the

painful spots,) relieved him promptly. From this time the galvanic, and Faradic currents were used alternately on the limbs of the patient. Improvement continued, the right limb gaining in size and strength faster than the left, the stiffness of the knee gradually yielding, so that the leg could be straightened. November twenty-first, he began to walk a little on crutches, though the left leg could not be straightened sufficiently to permit the foot to touch the floor. What had been suspected was now apparent, viz: that the hip joint had undergone such morbid changes, (arthritis deformans) that the thigh could not be extended on the pelvis. There was not a dislocation of the head of the femur. The ends of the bones entering into the knee joint were also enlarged and somewhat deformed, and the joint could not be entirely straightened.

From this time his progress in walking with his crutches was pretty rapid. The right limb regained nearly its normal size, (only the vastus externus remaining somewhat atrophied) and its strength was fairly good. The left limb also improved, getting to be almost as large as the right, but on account of the deformity at the hip joint, he could only touch the ball of the foot to the floor, using it nevertheless in walking. He left the Hospital in January 1877, in excellent health. Just before he went I tested the electrical reaction of the lower limbs, and found that with a double cell Stöhrer's Faradic battery, a current as strong as he could bear, causing indeed considerable pain, failed to cause any contractions. A galvanic current, which tried on the lower limb of another man, elicited strong movements, produced only very slight contractions in our patient.

We have, I think, in the preceding account, the history of a case of neuritis migrans, a disease sufficiently rare, but nevertheless, I believe, oftener seen than recognized, and deserving of far more attention than it has until recently received. The sudden invasion and character of the pain, its persistence (distinguishing it from neuralgia) the early muscular atrophy, without loss of voluntary power, the invasion of the second limb in the same manner as the first, the loss of Faradic contractility, the unimpaired power of the bladder and of the sphincter ani, the deformity

of the joints without acute symptoms, and, finally, the tolerably rapid restoration of the atrophied muscles all speak for it directly, or by exclusion. I suppose a neuritis to have first attacked the right lumbar plexus of nerves, then to have involved the sciatic, after a pause to have repeated itself on the opposite side. That no apparently adequate cause for such a grave chain of morbid processes is found in our case, coincides with the history of some of the gravest cases of neuritis that have been recorded.

One point of interest in the case is the extreme muscular atrophy, and subsequent restoration. Muscular atrophy though not a necessary result of a neuritis, is nevertheless extremely apt to be an accompaniment of it and, as Nothnagle has shown, in peripheral affections of the nerves speaks strongly for it. Some consider its occurrence in cases of neuralgia as proof of a neuritis. [Lasègue, Friedriech]. How this atrophy is brought about, whether caused by a gradual extension of the inflammation of the nerves to the muscles, or by the implication of trophic nerves, disordering nutrition, is at present an undecided point. The occurrence of muscular atrophy over such an extended region and its disappearance, should make us cautious in diagnosis and prognosis, where it is the main feature of cases whose history is imperfect or doubtful, as doubtless an unobserved neuritis is at the root of many instances of wasted muscles.

Another point of great interest in the case before us is the progress of the diseased condition from one limb to the other *without implication* of the *spinal cord*, or its membranes, so far as we can judge by the symptoms. Very much more frequently have cases been observed where a neuritis has ascended to the cord and its membranes, secondarily affecting them [Damènil] and Nothnagle has shown the great probability of the brain being affected in some instances by such a progressive advance of the disease. Nevertheless, cases have been observed of this springing across the cord, as it were, and notably one published lately in Virchow's Archives, by Eichhorst, in which all four extremities were attacked successively by a neuritis, and in which after death a very careful microscopic investigation failed to show the slightest changes in the nerve centres, while the nerves of the extremities

presented the unequivocal alterations due to inflammation. Klemm's experiments on animals demonstrate clearly this springing mode of progression of neuritis along nerve trunks, and from limb to limb without the participation of the cord, or its membranes.

It is needless to enlarge on the importance of an early and correct diagnosis in a disease which may lead to such grave results, nor to point out how a pain vaguely attributed to "rheumatism," or "neuralgia," (those dust holes, into which we cast so many symptoms we are too indifferent to investigate,) may be the commencement of a neuritis, which, creeping down, may induce atrophy of muscles, or, ascending, cause disease of the cord or its membranes, or even implicate the brain, producing such fearful results as epilepsy. [Nothnagle, Virchow, Deffenbach, &c.] I shall not at this time go into the therapeutics of neuritis, but only remark, that the treatment of the case recorded, by the Faradic current, seemed to be followed almost immediately by improvement, though the atrophy had remained in statu quo, for some time previously. It also appeared to me and to my assistants, that a more rapid improvement took place after the commencement of the use of the galvanic current.



ON THE TREATMENT OF CHOREA.

BY WILLIAM LEE, M. D., BALTIMORE.

Before relating what seems to me to be the treatment suited in cases of Chorea, I shall give, in a concise manner, some of its causes and consequences. We all know that the disease is not, in a literal sense, a mere accidental trouble; and, further, that the cardiac disturbance, so often associated with it, is secondary and not anterior to the nervous trouble. That the disease has its origin in the nerve centres, I think, now, is generally believed and that, as these centres become affected—vascular distension takes place, followed by congestion and extravasation. From this, and its relation to other neuroses—as the occurrence of it in families

who are affected by epilepsy and insanity, we seem led to believe, it is a nervous and not a vascular trouble; further, we have this shown by the proclivity to it in those of a nervous mobility, such as timidity, vivid imagination, and those who are commonly called precocious. Also may be added the fact that at least a fourth of Chorea cases, which come under the notice of a Physician, owe their existence immediately to mental emotion. Next to these Rheumatism claims our attention, for it often brings about a condition which seems by preference to court Chorea; and I have noticed that should there be much cardiac disturbance we were sure to learn from the history of the case that at some previous time the patient had a slight attack of rheumatism. In speaking of the treatment of Chorea, first in importance to be noticed is what I call general treatment, for it is more to the point than special, as in almost every case it is needful to prevent our patient becoming almost worn out from this disease before we can expect even to look further in an attempt to cure. They need sleep, liberal feeding and stimulants; the first we obtain by Bromide of Potassium, Hydrate of Chloral and frequent bathing in water, used at the proper temperature. Of the three, I prefer that of the latter, it being most beneficial and decidedly without injury in its effects, which cannot be said of the other two; but in using it great care must be taken to avoid alarming the patient, particularly if we are treating a very young person. The next thing that claims our attention, is the violent and erratic movements, which must be restrained; this is the chief way exhaustive effects of the disease show themselves. I have twice done much good, in the way of restraint, by tying the feet together, and firmly fixing the chest with a sheet. This can also sometimes be done by an arrangement of pillows along each side, and closely adapting them to the body; the agitation of the limbs, being in themselves a great source of alarm and discomfort, any gentle means of preventing the emotion will be acceptable to the patient. Rest in bed is itself a great curative means; several cases have been benefited in this way whilst under my care. Of the many symptoms found in this disorder, constipation, as in most nervous troubles, is very prominent; for this small doses of Podophyllin

often repeated, as the case may be, will prove very satisfactory in its effects. After we have so benefited our patient, as to be able to give direct attention to more special symptoms, the superiority of sulphate of zinc, over other drugs, claims our attention, particularly in the very acute forms of this disorder; antimony, arsenic and iron also influence the disease in question, but not to any extent. As the duration of Chorea in many cases is indefinite we are advised by books to continue the zinc treatment until the acute form has merged into the chronic; but I have found that it only does good up to a given time, which is shown by the patient's complexion, assuming a bright and clear color, also that when this point is reached the zinc not only becomes injurious, but if continued, marked anemia shows itself. Should this state of things happen, iron, combined with the zinc, sometimes does good; as a rule however, iron and quinine act much better.

In the less acute type Valerianate of Zinc will be found of especial use, particularly when the attack has with it some of the characteristics of Hysteria. Trousseau says: "Zinc does best with florid, and Iron with pallid children."

In the slight forms of this disease, as where the symptoms are shown, only by an occasional twitch or grimace or some awkwardness in the limbs, arsenic is of most benefit, if given in small doses and continued a long time. Electricity and the use of the gymnasium are both highly spoken of, but I have never seen much good from either.

Finally, when medicines seem to be of little, if any use, a change from town air to country air, or the sea side, will prove the most curative in their effects.

A full appreciation of the difficulty, often experienced in curing Chorea, has been the motive which prompted me to place before the medical profession the result of my careful observations, and should any good accrue therefrom, I shall feel amply rewarded.



REPORTS OF CASES.

A CASE OF PUERPERAL CONVULSIONS, OCCURRING FOUR DAYS AFTER LABOR.

BY THOMAS OPIE, M. D., PROF. OF OBSTETRICS, COLLEGE OF PHYSICIANS
AND SURGEONS, BALTIMORE.

Florence D., was admitted May the 9th, 1877, as a private patient at The Maryland Lying-in Asylum. She is unmarried, a primipara, 16 years old; has been menstruating since she was 14, has not attained to full growth. During the last three months of her pregnancy, she has been greatly troubled with pyrosis, vomiting and persistent, and copious diarrhœa. Her urine has been constantly loaded with albumen for two months, but had no tube casts in it. She has complained frequently of headache and muscæ-volitantes. There has been a great deal of œdema of the lower extremities and for a few days before labor, considerable puffiness of the face and hands. We confidently predicted convulsions, not, however, because of the albumen in the urine but that along with the large amount of it, were the three significant symptoms, headache, moats before the vision, and œdema of the upper portions of the body.

Labor pains commenced at 5 A. M. July 29th, and ended with the birth at 2 P. M.; the dilating stage occupied the time up to 12 M. The expulsion was comparatively easy except some delay in the head passing the vulva; chloroform was administered intermittingly and with the recurrence of each pain. There was very little discharge along with the secundines. During the 1st, 2nd and 3rd days after labor she got along well, conversed freely and intelligently, was cheerful and had a sharp appetite. On the 2nd day the breasts were strapped with adhesive plasters which entirely prevented the secretion of milk.

I received a summons to her on the 4th day; reached her at 7 P. M.; she had had a slight convulsion at 4 P. M. which lasted

three minutes and another of the same duration and intensity at 5-30 P. M. Dr. Wm. Gombel, Resident Physician, administered Chloroform during the paroxysms and after the second one, ordered 30 grains of Hydrate of Chloral by enema. At 7 a pint of urine was drawn by the catheter and one-quarter grain of elaterium directed, to be repeated in three hours if it did not act briskly. After the purgative had operated freely, she was to have ten drops of Magendie's solution hypodermically. Her stomach rejected both doses of elaterium. The morphia was given at 11 P. M. to allay nervousness and promote rest. The following morning 15 grains of Calomel was given, which acted freely, also 25 grains of Citrate of Potassa every four hours.

The following accurate record was kept of the pulse and temperature by Dr. Gombel. Examinations from time to time, prior to labor and after it, up to the fourth day gave, with slight variations, a temperature of $98\frac{1}{2}$ and pulse of 80.

RECORD OF TEMPERATURE AND PULSE, BEGINNING FOURTH DAY
AFTER LABOR.

Day.	Temperature.	Morning.	Evening.	Pulse.	Morning.	Evening.
4	"	$98\frac{1}{2}$	$99\frac{1}{2}$	"	80	112
5	"	$99\frac{1}{2}$	99	"	112	108
6	"	$98\frac{1}{2}$	100	"	88	108
7	"	98	99	"	96	104
8	"	98	$99\frac{1}{2}$	"	92	92
9	"	98	100	"	92	96
10	"	$98\frac{1}{2}$	99	"	84	104
11	"	$98\frac{1}{2}$	$98\frac{1}{2}$	"	76	108
12	"	98	$98\frac{1}{2}$	"	92	96
13	"	$98\frac{1}{2}$	$98\frac{1}{2}$	"	100	52
14	"	99	99	"	132	76
15	"	$98\frac{1}{2}$	99	"	88	132
16	"	$98\frac{1}{2}$	$98\frac{1}{2}$	"	92	92
17	"	$98\frac{1}{2}$	$98\frac{1}{2}$	"	88	104
18	"	$98\frac{1}{2}$	$98\frac{1}{2}$	"	96	92
19	"	$98\frac{1}{2}$	$98\frac{1}{2}$	"	94	88

It being the rule at the Maternité to test the urine of all the patients awaiting confinement, every week, we detected the presence of albumen in her case very soon after her admission. We were thus enabled to give her the benefit of prophylactic treatment and ward off what might otherwise have proven a serious if not fatal attack.

The diarrhœa was, in view of the uræmia, considered a proper derivative drain and was not checked; indeed small doses of Bitartrate of Potassa were exhibited, when necessary to keep it up. Tonic doses of Quinia and tincture of the Chloride of Iron were given and a generous allowance of eggs, milk and beef tea, but no solid meats. We were lulled into false security by escaping the convulsions prior to and immediately after labor. We ceased to consider the vicarious discharge by the bowels requisite and did not give the usual post-partum purgative. I am not able to recall from my experience any other puerperal case in which convulsions commenced so late as the fourth day after labor. When we reflect that there was very little discharge to accompany the secundines, that the lochia had been all the while scanty, that there was total arrest of the milk function, and at the same time torpid bowels, quite a complete blockade of the powers of elimination, we are not surprised that she had uræmic convulsions.

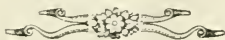
The physical signs established the fact that there was extraordinary enlargement of the heart, especially hypertrophy of the left ventricle, with displacement of the organ to the median line of the thorax.

The accompanying table shows quite an equable state of temperature, at no time rising above 100° . The pulse was all the while, except when controlled by medication, over 80. There was not the usual subsidence of the pulse below the normal beat after labor and on the 14th day it ran up as high as 132.

We realized a happy effect from three to five drop doses of tincture of *Veratrum Viride* which kept down the frequency of beat and together with infusion of digitalis seemed to tone the heart. On the 13th day it will be observed that the pulse was 100 in the morning—a ten drop dose of tincture of *Veratrum Viride*, reduced it to fifty. The next day the pulse advanced to 132, ten drops again brought it down to 76. There was such feebleness of circulation and depression of the heart's action while under the influence of ten drop doses of *Veratrum*, that I feared to repeat them, as is the practice in ordinary cases of arterial excitement. The action of *Veratrum* in

reducing the heart-beat so suddenly and decisively, suggested the possibility of there being a peculiar impressibility of the heart by this medicine, while undergoing the changes incident to the period of involution.

This young woman furnishes a sad but forcible reminder of the distinction which Dr. Matthews Duncan has so cleverly drawn between puberty and nubility. She had menstruated for two years prior to her conception but had not attained to full structural development either in shape or size. She was not qualified mentally, morally or physically, for the cares of maternity, in fine was not nubile. Dr. Duncan adduces abundant statistical proof of the extraordinary mortality attendant upon first labors and urges that this risk should be taken at the most favorable age, which he demonstrates to be, between twenty and twenty-four years.



CORRESPONDENCE.

SCALP WOUNDS.

Editors Maryland Medical Journal:

Dr. K. E. Rice's manner of treating wounds of the Scalp, as published in the *Chicago Medical Journal and Examiner*, and mentioned in the last number of your Journal, by tying together a small lock of hair on each side of the cut, was long ago suggested by Prof. S. D. Gross as expedient in simple scalp wounds.

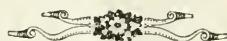
While this method possesses the great advantages and conveniences of dispensing with sutures, pins, adhesive plasters, and shaving of the scalp, and at the same time favors union by the first intention, yet it has proven with me to be impracticable for two reasons: first, the nature of a lock of hair will not admit of forming into a secure knot; second, the great majority of men wear the hair too short to admit of its being tied. I have for several years used a simple modification of this method, which I think effectually overcomes the above objections.

After all hemorrhage, washing and drying of the wound, a

small lock of hair is raised upon each side of the cut, at corresponding points, and then crossed upon each other, as in the first act of tying a plain knot, and while being thus held, are touched with a melted point of sealing wax, so as to be securely united together. The danger of complicating this class of wounds by the use of sutures and pins, and the extensive shaving of the scalp, which the use of adhesive plasters demand, is thus entirely obviated.

T. W. SIMMONS, M. D.,

Hagerstown, Md., September 5th, 1877.



TRANSLATIONS.

A NEW SPHYGMOGRAPH AND NEW OBSERVATIONS ON SPHYGMOGRAPHIC CURVES OF THE RADIAL ARTERY.—BY SOMMERBRODT, (*Breslau*, 1876).—The author complains that the apparatus of Marey records errors by the action of the pen; he has constructed a new one, which is nothing but a modification of the angeiograph of Landois. It only differs from the latter, in that it has but one arm instead of two, and that the pressure on the artery is stronger. The instrument is attached in the ordinary way but there is no possibility of lateral displacement.

This invention records the influence of respiration on the pulse. It proves the truth of the opinion of Waldenburg, who taught that an inspiration of compressed air augmented the arterial tension. It also shows by tracings taken from healthy individuals, that the lines of ascent and descent are projecting and reëntering, but otherwise perfectly normal, thus indicating the very elastic condition of the arterial walls.

PAINFUL ENLARGEMENT OF THE BREAST IN HYSTERICAL WOMEN.—BY B. CONNARD, (*These de Paris*, No. 147).—M. Connard adds two cases to the number already mentioned by Willis and Watson, under the name of hysterical breast. He gives the symptomatology of this rare affection. Its invasion is often sudden and the malady rapidly reached its maximum of intensity. It is ushered in by a sense of uneasiness, formication, which is soon trans-

formed into lancinating pains, becoming almost intolerable. In some cases the skin is changed, in others it becomes red, hot and swollen and remains so until the end of the exacerbation. In the mean while the gland enlarges to an enormous size. The ovaries are sometimes in sympathy. This condition lasts from one to three days. These troubles generally coincide with the period of menstruation or an hysterical attack.

The treatment consists of a proper support, narcotic fomentations and finally compression. Opium internally or hypodermic injections of morphia, give prompt relief.

THE EFFECT OF THE DEAD FŒTUS IN UTERO.—BY LIZÉ, (*Gazette Obstetricale* 1876).—Lizé publishes eleven observations in a series of articles, in which he makes mention of a dead fœtus retained in the the uterine cavity. As long as the bag of waters remained intact, no symptom of blood poisoning could be observed; as soon, however, as the amnion was ruptured, putrefaction of the child resulted from contact with the external air and septicæmia was manifested. All his observations are not proof positive, but he concludes that as soon as the membranes are broken, it is necessary to extract the fœtus without delay, even if the rigid os requires dilatation by sponge or laminary tents. As soon as the uterus is emptied antiseptic injections are indicated.

INJECTIONS OF HOT WATER IN UTERINE HEMORRHAGE.—BY R. WINDELBRAND, (*Deutsche Med. Wochenschrift*, 24, 1876).—After an experience of two years Windelbrandt recommends this mode of treatment under the following circumstances: threatened miscarriage with abundant hæmorrhage; premature delivery and delivery at term, when there is atony of the uterus; hæmorrhage due to uterine displacements, to dilitation, to chronic inflammations, and to bleeding caused by fibrous and cancerous tumors. The injections are made with the patient in the dorsal decubitus, and there are no painful or disagreeable sensations. The excitation of the contractile uterine fibres explains the favorable action of the hot water, for warm water causes dilatation and augments the hæmorrhage. He cites cases to recommend his plan.

ON THE TREATMENT OF SYPHILIS BY HYPODERMIC INJECTIONS OF MERCURY.—BY J. NEUMANN, (*Stricker's Med. Jahrbuch*, 1877).

Neumann desires to again call attention to the hypodermic injections of mercury in syphilis. He endeavors to dissipate the objections, which the majority of syphilographers have raised against this method of administration, accusing it of causing grave local as well as general accidents without accelerating the cure. But if solutions of corrosive sublimate are used, not in distilled water, but in *albumen* local accidents, abscess, gangrene and sharp pain are rarely produced. The explanation of this fact is easy to give: corrosive sublimate injected under the skin in order to be absorbed, must unite with the albumen of the tissues, and when water is used as a vehicle for the mercurial salt, this affinity is favored and there is a disposition to tubercles and to abscesses; but when albumen is supplied artificially there is no demand on the body for this principle. The most desirable points of the body for these injections are the back and the lateral portions of the thorax. Under these conditions the hypodermic method presents many advantages. There are rarely gastric troubles or stomatitis; the action is very rapid and the doses required are small.

It is especially servicable in secondary manifestations, in certain cutaneous eruptions, as maculæ, papulæ, and squamæ. Febrile phenomena, profuse diarrhœa and multiple abscess are never provoked by an albuminous solution of corrosive sublimate well filtered. By this procedure Lewin, of Berlin, has obtained most satisfactory results, and the number of syphilitics under his care has greatly diminished in the past few years.

J. D. FISKE, M. D.,

BALTIMORE.



REPORTS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH, SCOTLAND.

We copy from the *Edinburgh Medical Journal*, for September, the following report of the Tenth meeting of the Fifty-sixth session of the Medico-Chirurgical Society, held on the 4th of July, 1877. Dr. J. D. Gillespie, President in the chair:

The President thought it right to explain that, as no papers had been sent in for this night's meeting, it had been deemed best to devote the evening to the exhibition of patients and pathological specimens. The rule in their Society as to these, was that no discussion be allowed on them. On this occasion however, they would depart from it, and invite remarks on the various specimens brought forward.

EXHIBITION OF PATIENTS.

I. Mr Chiene showed a boy on whom he had operated for knock-knee. Previous to the operation, such was his difficulty in progression, that it took him two hours to walk from Grove Street to Ainslie Place. Now, as they could see, the legs were practically straight. He had operated on the right leg first, and therefore the result was not quite so good as in the left one. Meyer and others had shown that the real defect in knock-knee is elongation of the internal condyle of the femur. He did not, however, wish them to pin their faith to this, as, perhaps, the external condyle was deficient. At any rate, the practical result was that the tibia was thrown out of its proper axis. Dr. Ogston of Aberdeen had narrated cases* where he operated by sawing across the external condyle into the knee-joint and then forcing the fragment up by restoring the tibia to its proper axis. Mr. Chiene, however, was afraid that, by this plan, he might interfere with the crucial ligaments; and he had accordingly operated in the following manner: Taking the tubercle into which the tendon of the adductor magnus is inserted as a guide, a vertical incision is made through skin and fascia, then, on drawing aside these, the oblique fibres of the vastus internus can be seen in front and the

*Edin. Med. Journal for March, p. 782.

periosteum exposed. The internal articular artery is next secured by a double ligature and divided. Lastly, the periosteum is raised up and a wedge-shaped piece of bone cut by chisel and mallet out of the substance of the internal condyle. By gentle pressure the leg is brought to its normal axis. The knee-joint is not opened into. In both legs the wounds healed in a fortnight, but splints were kept on for two months. This case and that of a little girl, in whom the result was even better, were the first in which a wedge-shaped piece of bone had been removed from the condyle of the femur without implicating the joint. He had feared that the neck of the bone might break, but he had not found this to be the case in children. He hoped that the surgeons present would be induced to try the plan he had described. Photographs of the boy, showing the great distortion that had existed, were also exhibited.

Mr. Bell had been much interested and pleased with Mr. Chiene's cases. The operation was one of those becoming more frequent nowadays, and rendered possible by three things, viz., Esmarch's bandage, the mallet and chisel, and last, but most important, antiseptics. Without the first two, it would be impossible; without the last, it would not be legitimate.

The President agreed with Mr. Bell in his remarks, with the exception of thinking Esmarch's band so essential. He had seen Mr. Chiene operate on the case of the little girl, and had been struck with the ease with which it was done. A good many years ago he had used the same principle in a case of compound fracture of the leg with angular union. He had no Esmarch's band, and antiseptics were unknown at that time. The result was very successful, and he hoped at their next meeting to show a cast of the limb and the piece of bone removed. He of course had nothing to say against antiseptics or Esmarch's plan; but it was possible to undertake such operations without these aids.

II. Mr. Bell showed—(1.) An interesting specimen of EPITHELIOMA OF THE GLANS PENIS, with more of the ulcerative character than usual. It had appeared in less than three or four months. He amputated this day week, using a modification which he thought was an improvement. By splitting up the urethra he managed to avoid the contraction of the urethral orifice. Teale and Miller had also for this devised special method. (2.) An interesting specimen of the bones of the elbow-joint, removed by the subperiosteal method, which he owed to the kindness of the President. The case was one

of injury seen by the President a week after the accident; and all who knew his care and surgical ability, might rest assured that everything was done to prevent any bad results. The case, however, was such a difficult one to treat, that the arm became stiff and almost straight. The cause of the difficulty in treatment was easily explained. After the operation it was found that there had been serious fracture of the olecranon, and also through the internal condyle, so that a bridge of bone formed between the two. For this reason, he had to be careful in operating for fear of injuring the brachial vessels; and, at last, he had to break through the bridge of bone already mentioned. The case was now doing well; but he had learnt from it that particularly careful drainage was required in subperiosteal cases. He had taken out the drainage-tube on the fifth day, but subsequent retention of serum had given trouble. In a similar case he would keep the drainage-tube longer in. (3.) An interesting specimen of tumor of thigh. He had seen the patient six months ago, who told him that it had been proposed at St. Bartholomew's Hospital to lay open and scoop out the growth. He himself advised amputation, but the patient would not hear of it, and put himself under the treatment of a gentleman in the west of Scotland, who diagnosed *exostosis of tibia*, and said he would remove it by means of belladonna and iodine. When the patient came back, Mr. Bell still advised amputation, and performed it at the hip-joint. He was making a good recovery, his wound being antiseptic and nearly healed. Dr. Wyllie had examined the tumour and would now describe it.

Dr. Wyllie said the tumor was fibrous, with osseous and calcareous trabeculæ, which had large encapsulated cartilage cells. At the surface they had another modification, viz., many large cells like the cartilage of incrustation in a joint. The tumor was therefore fibromatous and enchondromatous in its nature. The microscopical preparations he now showed had been decalcified with picric acid, which also stained them, and in addition they were stained with log-wood.

The President said that the case of injury to the elbow-joint came under his care a week after the accident, with a splint on and the arm nearly straight. He took this off, put on a figure-of-eight bandage and tried careful movement, without any good effect, however. To save himself trouble, he had asked Mr. Bell to take the patient into the Royal Infirmary under his care. The case was a

peculiar one; and if he had been in any way to blame for the result, he would have excised the joint himself, so as to keep it quiet. He had seen the patient whose leg Mr. Bell had amputated at the hip. He had a slow pulse, a clean tongue, and indeed showed no evidence of having undergone any operation.

Mr. Chiene wished to congratulate Mr. Bell on his case as the first one where, in a hip-joint amputation in the adult, in the Edinburgh Hospital, antiseptics had been successfully carried out. It was a great victory, as all who knew anything about the difficulty of carrying out antiseptics in a wound so near the anus could well understand. Much of the good result had been due to bringing the drainage-tube out at the outer angle of the wound, and accurately closing the incision near the anus. In regard to the elbow case he wished to mention that, within the last three years, he had treated injuries at the elbow-joint by attaching a weight of three or four pounds at night, so as gradually to bring the arm into full extension; and making the patient wear an elastic band during the day to get flexion as gradually. There was at present in the clinical wards a case of excision of the elbow—a bad one to begin with—where a very good result was being obtained by this method. Dr. Gillseppe's case was certainly a very peculiar one, and the result was probably unavoidable.

Mr. Bell said he had used the case as a text in medical ethics to his students. There had been good treatment, good nursing, but a bad result. Moral—Be careful in judging your neighbour's cases.

III. Dr. Finlay showed (1.) A SPECIMEN OF FRACTURE AT THE ANATOMICAL NECK OF THE HUMERUS. The patient had also received other and fatal injuries. (2.) A CYSTIC OXIDE CALCULUS passed from the urethra.

IV. Dr. Wyllie showed (1.) a specimen which he thought important in connection with the pathology of tetanus. The patient was a man, æt. 56, in Dr. Watson's wards, who, three weeks before, sustained a lacerated wound of the back of hand. It healed up kindly and without any trouble. The tetanus began last Thursday by lock-jaw, and difficulty in deglutition and in respiration. He died next day. There were also symptoms of double pneumonia at the base. On *post-mortem*, examination nothing abnormal was found in the brain and spinal cord, except some excess of hypostatic congestion in the latter. On dissecting the skin from the back of hand, they found the wound almost entirely healed, except at its middle third, where there was still a scab. The dorsal cutaneous branches of the radical

and ulnar nerves were found below the cicatrix in the midst of indurated subcutaneous tissue, in which on examination were found woody tissue, viz., trachenchyma, cellular tissue, and chlorophyll. It was apparently by their irritation that the tetanus had been caused. One curious point was, that the foreign matter so retained should have led to induration rather than to supperation. (2.) A SPECIMEN OF THE PONS VAROLII AND MEDULLA OBLONGATA of a patient who died on 10th March. The pons was smaller than usual, atrophy of its anterior commissural fibres being especially well marked. In the substance of the pons, to the left of the middle line, there was also a small cyst surrounded by indurated and atrophied tissue. This had resulted from plugging of the basilar artery in its upper half. On section half a dozen small channels could be seen in the artery so plugged. Six years before his death the patient had hemiplegia but no unconsciousness. The basilar artery had probably got plugged by an embolus from an aortic aneurism, and accordingly there had resulted anæmia, hemiplegia, and subsequent atrophic changes. One curious and important fact was, that an artery once plugged may have its lumen again partly restored.

FIRST ANNUAL MEETING OF THE AMERICAN DERMATOLOGICAL ASSOCIATION.

The American Dermatological Association convened at Niagara Falls, September 4th, remaining in session three days. This is the first annual meeting of the society, and its incorporators have reason to be gratified at its success. The number of dermatologists in America is small, no other specialty having so limited a following. Fifteen members attended this meeting, and seventeen papers were presented in addition to the president's address. Several of these were merely read by title and accepted. Several after being read, were returned to their authors with thanks, they not being strictly dermatological. The following papers were read in full and discussed by the members: *Molluscum Contagiosum*, by Dr. George H. Fox, of New York; *The Etiology of Cutaneous Diseases*, by Dr. L. P. Yandell, jr., of Louisville; *Eczema Marginatum*, by Dr. Bulkley, of New York; *The Pathology of Seborrhœa*, by Dr. Van Harlingen, of Philadelphia; *True Prurigo*, by Dr. Robert Campbell, of New York; on *Syphilis* by Dr. Hyde, of Chicago; on *Syphilis* by Dr. Hardaway,

of St. Louis; on Impetigo, by Dr. Heitzman, of New York; on Xeroderma, by Dr. R. W. Taylor, of New York; on Fragilitas Crinium, by Dr. Duhring, of Philadelphia; on Syphilis, by Dr. R. W. Taylor, of New York; on Acute Diseases produced by Iodide of Potassium, by Dr. Brooks, of Chicago.

There were present Drs. White and Wigglesworth, of Boston; Drs. Duhring and Van Harlingen, of Philadelphia; Drs. Fox, Heitzman, Bulkley, Taylor, and Campbell, of New York; Drs. Hardaway, of St. Louis, Hyde of Chicago, Yandell, of Louisville, Brodie, of Detroit, and Atkinson, of Baltimore. Dr. White was re-elected president, Drs. Bulkley and Heitzman, vice-presidents, Dr. Taylor secretary, and Dr. Atkinson, treasurer. The Association meets next year at Saratoga.

The transactions will not be published by the society, but each member is at liberty to publish his paper in any medical journal of the country.—*Louisville Medical News*.

SELECTIONS.

THROMBOSIS OF THE BRAIN &c., A CAUSE OF MORTALITY IN CHOLERA INFANTUM.

Dr. Bedford Brown, of Alexandria, Virginia, in an article in the *Philadelphia Medical Times* of September 15th, attributes a considerable portion of the mortality arising from cholera infantum to the development of thrombosis, either of the brain, heart or pulmonary artery, and says the pathological indications, both of the approach and full establishment of this condition, are highly characteristic and differ materially from those of simple collapse attending cholera infantum.

Of the causes he says: "The original causes of these peculiar complications are not local in character, but are of a general nature, and are due manifestly to certain powerful impressions on the nervous centres and the vaso motor system by the action of a high degree of solar temperature, by which that system and the great nervous centres, the brain and spinal cord, suffer from a state analogous to functional paralysis of a partial or incomplete

character. Consequent and secondary to this influence, a series of changes occur in the vital and mechanical constitution of the blood, by which its solid and fluid constituents are rapidly separated, the latter being drained off from the former through the intestinal canal by exosmose rather than by secretory action.

"In infancy the vital and chemical affinities existing between the blood-constituents are not so close and intimate as in the adult constitution. This fact is observed in the facility with which the fluid portions are drained off in ordinary cases of diarrhœa. With the vaso-motor system partially paralyzed from the action of intense heat, and the blood largely deprived of its fluid, saline, and albuminous properties, a general condition is established exceedingly conducive to thrombosis either in the heart, pulmonary artery, or brain.

"That complication of cholera infantum, heretofore termed *congestion* of the brain, has ever been regarded as one of the most alarming and grave to which infantile life is liable.

"In the vast majority of these supposed cases of congestion of the brain and effusion in the cranium occurring in this disease, thrombosis is the true pathological condition; while passive congestion and serous effusion, if any, are only the remote results of the former.

"The mere designation of this class of cases as *congestion* does not by any means explain their real character and import. At the same time it tends to divert the attention from their true causes and the proper means for their correction.

"The prime and original cause of a large majority if not all of those morbid phenomena which constitute the elements of cholera infantum is found, as before stated, in an intense degree of solar heat acting on the tender organism of infancy, in which the nervous centres, the sympathetic system, and the blood-making process suffer principally. This truth is manifested in the excessive languor of the voluntary powers, the irregular, depressed, and frequent action of the heart, the inactive state of the digestive powers, and the torpor of the nutritive and secretory functions. In consequence of this dangerous depression of the nervous

system, blood disorganization and disintegration very soon begin, and proceed rapidly to a separation of its solid and fluid constituents by this process of exosmose. In most of these cases there is no evidence whatever of local lesions in the intestinal canal to explain this process of exosmose by which the constituents of the blood are so speedily separated.

"The action of the heart in bad cases of cholera infantum becomes so enfeebled and irregular from the paralyzing influence of heat on the vaso-motor system, as is seen in the vomiting and purging, as to fail to propel the blood completely through the round of the circulation. Hence, when the vital influence of this system is lost to the circulatory organs, coagulation is liable at any time to occur in the heart and vessels."

TREATMENT OF RANULA BY EXCISION OF CYST.

In a contribution (*Gazette Hebdomadaire*, No. 16, 1877) giving short clinical reports of six cases of ranula observed by himself, Prof. Michel, of Nancy, discusses the nature and situation and the surgical treatment of this form of new growth. In each of these cases excision of the cyst was practiced with complete success. From observations made during these six operations, and also from dissection of a ranula in a dead subject, the author has been convinced that, in the majority of instances of this affection, the cyst in its development has no connection with any of the salivary ducts. The view that ranula may be due to dilatation of the ducts of the sublingual or submaxillary glands is not altogether rejected; but it is held that, in the majority of cases, the cyst has some other seat of origin. In all the seven specimens examined by the author there was an absence of any connection between the cyst and the salivary canals, and in each case the tumor had evidently originated in the areolæ of the connective-tissue about the frenum of the tongue. The so-called capsule of Fleischmann, fluid distension of which is supposed by Tillaux and other French surgeons to constitute ranula, consist, according to Prof. Michel, in nothing more than an occasional and abnormal dilatation of one or more of the areolæ of the sublingual connective-tissue. On

microscopical examination of the contents of the cyst in the above-mentioned seven cases, tessellated epithelium and crystals of cholesterolin were found in some, and globular epithelium in others. In no specimen was the author able to obtain a reaction resembling that produced by saliva. Prof. Michel holds that extirpation by the knife ought to be regarded as the general method of treatment for ranula; and he argues that this proceeding, first recommended by Heister, is free from many of the objections that have been raised against it by Sedillot. Far from being an impracticable operation in ordinary cases of ranula, it may, even in cases of severity and long duration, be readily and safely performed. Excision, though more difficult than the usual methods of surgical treatment, such as injection of iodine, batrachosinoplasy, and incision and cauterization combined, is attended with speedy as well as with most permanent results. No relapse had occurred in any of the six cases treated by the author, five of which have been under his observation from time to time during many years. Two methods of extirpation are mentioned: in one the ranula is first freely incised and the walls of the emptied cyst then dissected away; in the other the cyst is removed intact, together with its contents. The choice between one and the other of these methods should be guided by the thickness of the cyst-wall. When this wall is thin preliminary incision is to be preferred; when it is thick extirpation without incision should be practised.—*British and Foreign Med-Chir. Review.*

CURE OF ILEUS BY INSUFFLATION.—Roger (*Centralbl. f. Chir.*, 1877, No. 24; from *Gaz. des Hop.*) had a patient who, otherwise healthy, was attacked by loss of appetite, vomiting, and colicky pains. No stool, even after drastic purgatives. On the left side of the abdomen, between the lower floating rib and the crest of the ilium, a hard, knobby, painful tumor could be felt. R. inserted a large tube into the intestine per anum and blew in air by means of a bellows. (Drastics were simultaneously used.) Two attempts, at some interval, finally resulted in reducing the dislocation, and the patient recovered.

FORMULARY.

[From the Louisville Medical News.]

GARGLE IN DIPHTHERIA.

℞ Acidi carbolic.....	gtt.xx ;
Acidi acetic.....	3 ss ;
Mellis.....	} aa 3 ij ;
Myrrhæ tinct.....	
Aquæ.....	ad 5 vj. M.

LAXATIVE IN HEMORRHOIDAL AFFECTIONS.

℞ Potass. bitart.....	} aa 5 j.
Sulph. pulv.....	

M. S. A teaspoonful in water before breakfast.

IN INFLAMMATORY DIARRHŒA OF CHILDREN.

℞ Leptandrin.....	gr.iiij ;
Sodæ bicarb.....	3 j ;
Syrupi rhei aromat.....	5 ij.

M. S. A teaspoonful every two or four hours.

FOR BALDNESS.

℞ Acidi acetic.....	3 j ;
Aquæ cologn.....	5 j ;
Aquæ dest.....	5 vj.

M. Rub scalp with it night and Morning.

HAIR TONIC.

℞ Quiniæ sulph.....	3 j ;
Zinci sulph.....	3 ss ;
Glycerini. ...	5 ij ;
Spts. myrciæ.....	ad Oj. M.

NERVOUS DEBILITY.

℞ Acid phos. dilut.....	5 ss ;
Calisayæ elix.....	5 ij ;
Elix. valerian ammon.....	5 j ;
Glycerini.....	5 jss ;
Vini terici.....	5 iij.

M. Tablespoonful three times a day.

AROMATIC ELIXIR RHUBARB AND FLUID MAGNESIA.

R Rhubarb (in coarse powder).....	℥ iij, grs. 90;
Sulphate magnesia.....	℥ ij, grs. 96;
Sugar.....	℥ iv;
Spts. menth. pip., U. S. P.....	℥ j;
Alcohol.....	} āā q. s.
Water.....	

Moisten the rhubarb with dilute alcohol and pack in a cylindrical percolator. Percolate with a menstruum of one part alcohol to four parts water until two pints of tincture are obtained. To this add the sulphate of magnesia, sugar, and peppermint, and let it stand in a moderately warm place for twentyfour hours, then filter.—*New Remedies.*

GARGLE IN SIMPLE PHARYNGITIS.

R Acidi gallici.....	gr. x;
Tinct. capsici.....	℥ ss;
Infus. rosæ.....	℥ vj.

M. Gargle frequently.

CHOLERA MIXTURE.

R Mist. cretæ.....	℥ j;
Spts. chloroformi.....	gtt. xv;
Tinct. opii.....	gtt. iv.

M. To be taken every two or four hours.

ENTERORAPHY FOR A FISTULOUS HERNIA.—One of the new operations by Prof. Czerny, is thus described in the *Allg. Med. Central-Zeitung*, No. 63, 1877.

A fistulous opening had existed for many years in the case of a man, aged 47, the subject of a scrotal hernia. The opening was in that part of the intestine which descended into the scrotum. Czerny opened the sac, detached the intestine, trimmed the opening in the intestinal wall and closed it with catgut ligatures. He then replaced the intestine in the abdominal cavity, and performed his radical operation for the cure of hernia. The patient recovered completely without any unpleasant symptoms.

PANCREATINE IN CLYSTERS.—Dr. Düring reports to the *Deutsche Ztschr. f. pr. Med.*, the case of a patient with abdominal aneurism pressing upon the stomach, in whom the vomiting became so persistent and frequent, that not the slightest amount of food could be retained, either in liquid or semi-liquid form. The patient was emaciating rapidly, when he concluded to adopt the suggestion made some years ago by Leube, and immediately ordered 50 grammes of meat with 16 grammes of pancreas, to be finely chopped and then made into a broth; one half of this to be injected per rectum in the morning, and the remainder in the evening. The discharges had the ordinary appearance and odor of fecal matter; portions of the injected material were very seldom passed undigested. The result of this plan of treatment was excellent. Emaciation was checked, and in a few days the patient began to gain in weight.—*Allg. Med. Central-Zeitung*, No. 63, 1877.

ABLATION OF THE BODY OF THE UTERUS IN CASES OF IRREDUCIBLE INVERSION BY EXTERNAL HYSTEROTOMY.—M. Donné (*Archives de Gynecologie*), in a recent communication to the Academy, formulates the following conclusions:—

1. External hysterotomy is an extreme surgical resource, but precious for cases of irreducible inversion, which threaten immediately the life of the patient.
2. This operation does not furnish a greater mortality than that of the greater number of grave operations.
3. In the actual state of science, it ought to be made preferably by the ligature, bearing in mind the perfection attained by this method.
4. For the first months of an inversion—even the first year, as far as possible, repeated tentative efforts at reduction, at lactation which generally suppresses the hemorrhages, and all sorts of palliative methods, should be fairly tried.

The operation ought to be reserved for cases recognized as irreducible, and for the period remote from the commencement of the malady, when involution has completely taken place, and the

neighboring organs have undergone changes rendering the risk of peritonitis much less, this being very important.—*London Med. Record.*

INFLUENCE OF POSTURE UPON CARDIAC MURMURS.—There is no doubt that the position of a patient has much to do with the comparative intensity of endocardial murmurs. It has been several times pointed out that a murmur audible when the patient is recumbent, is almost, if not entirely, lost in the erect posture. This effect of posture seems to tell more upon mitral than upon aortic bruits, but all cardiac murmurs seem more or less influenced by it. The subject has recently been studied by M. Cuffer, of Paris, who has come to the following conclusion:—That all intra-cardiac bruits, of whatever nature, are modified by the patient passing from the horizontal to the vertical position. That they are all diminished in intensity in the erect posture. That this diminution is partly due to change in the form of the heart, and partly to alterations in the arterial tension, by which the number and force of the cardiac contractions may be altered. Further, that all murmurs are intensified in the horizontal posture, some even being only produced under this condition. He adds that inspiration increases the intensity of a murmur.—*The Lancet*, Aug. 4, 1877.



EDITORIAL.

PROTECT THE DOCTORS.—It is the boast of our civilization that all men are "free and equal before the law," that every man is a "sovereign" within himself. As a burst of patriotic sentiment this sounds very well, but prosaic facts quickly dispel its force. In nearly every state special statutes are in force to protect the farmer, mechanic, laborer, merchant, lawyer, artist—in fact, nearly every trade, calling or profession is wisely provided for; yet in few are the doctors' interests looked after or even considered. Acting on the good principle that "the laborer is worthy of his hire," provision is made for the collection of laborers' wages, while the hard-worked doctor, who labors as hard and faithfully to earn his fee, as any laborer, besides being exposed to

all weathers, has to trust to the oftentimes questionable honesty of his patrons for his pay. This is a manifestly unjust discrimination against our honored profession, and calls loudly for a change. If the profession will move together in this matter, in those states in which they are unprotected, good can be accomplished as legislators cannot afford to refuse the appeal of such a large, intelligent and respectable class of citizens.

MISTAKES OF MEDICINE VENDERS.—Within the past month the secular press has reported three or more mistakes of medicine venders, in Virginia and North Carolina, resulting in death. In two cases morphia was sold and given for quinia, and in one strychnia was given for calomel. Every state should pass a stringent law prohibiting the compounding or selling of any dangerous medicine or drug by any person except a regular graduate of chemistry and pharmacy, or one who can give evidence of a thorough knowledge of both. It should, likewise, be made a penal offence for any person to administer such medicine or drug except with the consent and by direction of a regular graduate of medicine. Such laws would be the means of saving many valuable lives.

THE CODE OF ETHICS.—We have been repeatedly asked to publish the Code of Ethics, adopted by the American Medical Association, by physicians who have, as they conceive, been the victims of unprofessional usage on the part of a brother. We would gladly do so but for the constant demand on our space for what we esteem more important matter. Every physician, worthy of the name, should know and appreciate the law governing gentlemen, and if any do not, it can subserve no good purpose to place before them a code, with which they *should be* familiar, and the plainest provisions of which they, no doubt, *knowingly and wilfully violate*.

FUNERAL REFORM.—An effort is in progress looking to the cheapening of funerals and the abolishing of so much fashion and display. This is reform in truth, and deserves the support of all christian people. A circular on this subject says:

“Funerals should be conducted and mourning worn without the

dismal paraphernalia of hat-bands, scarfs, plumes, heavy crêpe trimmings, and the like, which are quite inconsistent with a hopeful belief in a future state, involve unprofitable expenditure, inflict severe hardships upon persons of limited means, and neither mitigate grief nor manifest respect for the dead."

THE HOSPITAL GAZETTE AND ARCHIVES OF CLINICAL SURGERY will appear on the first of October in connection under a joint title. The editorial management will be vested conjointly in Drs. Edward J. Bermingham and Fredrick A. Lyons. This concentration of forces has been made with a view of improving and condensing the periodical literature of the Profession. We wish for the editors the considerable success they deserve in taking the initiative step in a good direction.

We have heard with much pleasure that Prof. S. C. Chew, of the University of Maryland, will deliver, at an early day, a public address on the life and services of the late Professor N. R. Smith. The many friends of the distinguished surgeon who have requested this address, and all who take any interest in the honor and repute of our profession in this community, may expect an intellectual treat, as well as a faithful biography of one who was so properly designated, for many years, the *Nestor* of American surgery.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL now appears as a monthly. The second number under the new arrangement comes with September. Dr. Bemiss has associated with him Drs. W. H. Watkins and G. K. Pratt as joint editors and proprietors. The New Orleans Medical Journal contains eighty octavo pages, and is issued at \$5 per annum. The reputation which the journal has already acquired is a guarantee for the future.

THE INDIANA, ILLINOIS, AND KENTUCKY TRI-STATES MEDICAL SOCIETY will hold its third session in the city of Evansville, Ind., commencing at 11 A. M., on the third Tuesday in October, 1877, and continue three days.

THE PLASTER JACKET.—Dr. J. Bryan, of Lexington, Kentucky, claims that he was the first in this country to apply the plaster-of-Paris jacket and suspension in the treatment of Pott's disease of the spine, having, as he says, done so in Bellevue Hospital, in the summer of 1874. No doubt proper investigation will establish the claims of the right owner to this valuable appliance, meanwhile we suspend judgment.

MEDICAL SOCIETY OF VIRGINIA.—A circular just issued says the eighth annual session of this society will be held in Petersburg, beginning on the 23rd inst. Dr. W. C. N. Randolph will deliver the annual address.

“Dr. Conneau, one of the oldest friends of Napoleon III, and his private physician, died at Porta, in Corsica, on the 16th of August. He was born of French parents at Milan, in 1803.”

THE MEDICAL AND SURGICAL SOCIETY, of Baltimore, began its regular Meetings for the Winter Season, on September 13th.

BRIEFS.

CARBOLIC ACID SPRAY IN CATARRHAL DISEASES OF THE RESPIRATORY ORGANS.—Dr. Moritz, in a communication to the Medical Society at St. Petersburg (*St. Petersburg Medicin Wochenschrift*, Nov. 11, 1876), states that during the spring of last year he used carbolic acid spray with benefit in catarrhal diseases of the respiratory organs. Having had much to do with carbolic acid, and especially the spray, he noticed that the bronchial catarrh with which he was frequently troubled did not occur, or that, if it began, it was soon arrested. A colleague of his, Dr. Assendelft, made the same observation. Dr. Moritz used the spray of a two per cent. solution of carbolic acid. He first tried it on two children in whom the commencement of whooping cough was suspected. After the remedy had been used two days, the slight catarrh which was present came to a stand still, and in a few days disappeared. In several children with

measles, the cough was diminished, and the nights were more quiet after the use of the carbolic acid spray. In two surgical patients also, whose lungs were in a suspicious state, the cough entirely disappeared during the frequent use of the spray. On the other hand, it was ill borne by two phthisical patients, one of whom had extensive cavities in the lungs. He explains the action of carbolic acid by supposing that many cases of catarrh are during a certain stage, of infectious, perhaps parasitic nature. In the discussion on the paper, Dr. Von Mayer said that, if bronchial catarrh were infections, this must be explained rather on chemical grounds. Dr. Wulff thought that many cases of catarrh might to some extent be parasitic. Dr. Lehweß had found solution of carbolic acid very useful in cough, in the form both of inhalation and of injection. Dr. Masing had found excellent results from the carbolized spray in a very obstinate case of whooping cough of three months' duration. Dr. Schmitz had remarked the cessation of the attacks of bronchial catarrh to which he had been liable, since he had had much to do with the carbolic acid spray.

ADMINISTRATION OF SALICYLIC ACID.—M. A. Casson proposes (*Bull. Gen. de Therap.*, April 30) the employment of citrate of ammonia as a means of facilitating the solution of salicylic acid. Half a drachm of salicylic acid dissolves readily in less than four ounces of water (120 grammes), if 37 or 45 grains of citrate of ammonia are added. M. Casson gives the following formula:—For a solution—salicylic acid, \mathfrak{z} i; citrate of ammonia. \mathfrak{z} ss; rum or brandy, \mathfrak{z} i; distilled water, \mathfrak{z} v. A tablespoonful of this solution will contain from 4 to $4\frac{1}{2}$ grains of salicylic acid. The citrate of ammonia is easily prepared by saturating ammonia in a solution of citric acid.—*Dublin Jour. of Med. Science.*

RADICAL TREATMENT OF FACIAL NEURALGIA BY ACONI.—ENIT ("Paris Medical;" "London Medical Record"). W. Gubler, the learned Professor of Therapeutics of the Parisian University, says: "I do not know a neuralgia of the fifth pair, even a tic-douloureux which has resisted aconitine." He recommends the aconitine of Hottab & Liegeois as excellent, and that of Dugurmél as very powerful. Granules and pilules are not reliable even when made from a good article, for one may be discouraged by the nullity of their effect for a certain time and thus may give too large a dose, the nullity of effect in fact, resulting

from non-absorption. He advises a solution of the nitrate of aconitine to be employed, in which half a milligramme (1-140 grain) of the nitrate is contained in a dose. This is equivalent to a quarter of a milligramme (1-280 grain) of aconitine. The dose may be pushed much further, in some very severe cases of long standing it having been carried up to six milligrammes (1-60 grain). It offers no dangers if prudently managed. It should not be employed in persons with heart disease.

TEMPERATURE IN FEBRILE DISEASE.—Dr. Hans Wegscheider, (Virchow's *Archiv*, February, 1877), writing on the distribution of temperature in febrile diseases, says:

1. There is no constant relation between the internal temperature, as measured in the axilla, with the general temperature of the surface. We saw the first rise, while the temperature between the toes fell, and *vice versa*.

2. Two completely symmetrical parts of the skin, as between the toes, show no proportionate course in their temperature; not only do they differ by not rising or falling to the same level, but one may rise while the other remains stationary or falls, and *vice versa*.

3. There is greater variation in the temperature-curves in the same part of the skin in the same person in fever than in health; but in fever there is a striking fall of temperature, notably lower than in the healthy state. However, in those people who suffer from cold feet, the temperature is often as low, or somewhat lower.

4. It follows from the last, that there is a greater difference in fever between the temperature of the axilla and that of the periphery than any changes of local temperature which may occur in health.

From all the foregoing, he concludes that the vessels of the skin in fever are in an abnormally irritable condition.

He did not find any noteworthy differences between the temperature of the two axillæ in unilateral affections of the thoracic organs. At any rate, in pleurisy there was no constant relations. In one case, in which both pleuræ were affected, the side with the greatest effusion had the lower temperature. His observations on pneumonia were too few to give a definite result, but the differences he observed were not so great as Landrieux has asserted—*The London Medical Record*.

GROUND mustard, rubbed on the hands will remove the odor of valerian, musk, cod oil, carbolic acid, etc.

CHLORAL HYDRATE.—In two extremely important and interesting communications, says the *British Medical Journal*, which Dr. Oscar Liebreich, Professor of Materia Medica in the University of Berlin, has published recently, he calls attention to the extreme importance of medical men's ascertaining that the chloral furnished to their patients is none other than the pure crystal. Dr. Liebreich records effects observed by him in Berlin and elsewhere, which indicate that cake chloral is apt to contain impurities of the most irritating and dangerous character. Not only do these impurities injure the hypnotic effect of chloral as mere adulterations, but they are of an irritating character, and lessen directly the desired effect of the chloral in producing calmness and sleep. Dr. Liebreich pointed this out when first he discovered and investigated the therapeutic effects of chloral and introduced it into medicine. It appears, however, that manufacturers, pharmacutists, and physicians have by no means been mindful of the cautions which he then gave, and a large amount of the chloral in use is of the dangerous kind indicated; it is indeed asserted that of the chloral sold in solution in this country 80 to 90 per cent. is made with other than the purest materials; and unfortunately it appears that there is no known test by which the purity of the chloral when once in solution can be adequately ascertained. We publish an interesting account from a correspondent in Berlin, who visited the manufactory of the great chemical makers Schering, in which this subject is not inopportunately referred to; and as the matter is one of considerable therapeutic interest, we shall take a further opportunity of referring in detail to the experience and statements of Dr. Oscar Liebreich, of Berlin, as to the subject of the purity of this most valuable medicine. It is obvious that in chloral hydrate, we have been endowed with an agent of inestimable therapeutic value, but it is clearly one which is liable to abuse, and not without its dangers; and if, indeed, it should prove, as Dr. Liebreich believes, that many if not most of the accidents which have occurred are due to the impure and most dangerous character of the article most rife in commerce, it becomes highly important that measures be taken to insure absolute purity in this most potent drug.

DEATH.—Dr. E. W. Theobald, a grandson of the late Prof. N. R. Smith and a promising young physician of this city, died on the 3rd day of September, in the 28th year of his age.

A DARING THERAPEUTIST.—At a late meeting of the Massachusetts Dental Society, Dr. Waters, of Salem, stated that bicarbonate of soda, such as used for cooking purposes, or any other alkali in neutral form, would afford instantaneous cessation of pain from the severest burns or scalds, and would cure such injuries in a few hours. Dipping a sponge into boiling water, the Doctor squeezed it over his right wrist, producing a severe scald around his arm and some two inches in width. Then, despite the suffering occasioned, he applied the scalding water to his wrist for half a minute. Bicarbonate of soda was at once dusted over the surface, a wet cloth applied, and the pain, the experimenter stated, was almost instantly deadened. Although the wound was of a nature to be open and painful for a considerable time, on the day following the single application of the soda the less injured portion was practically healed, only a slight discoloration of the flesh being perceptible. The severer wound, in a few days, with no other treatment than a wet cloth kept over it, showed every sign of rapid healing.

THE IMPORTANCE OF CINCHO-QUININE AS A REMEDY.—The Supervising General of the Marine Hospital Service has issued a circular letter to the medical officers of that branch of the Treasury in which he calls their attention to the extraordinary increase in the market price of sulphate of quinia, and at the same time alludes to the success attending the employment of the other alkaloids of the bark.

In the year 1866 the Madras Government appointed a Medical Commission to test the respective efficacy in the treatment of fevers of quinine, quinidine, cinchonine, and cinchonidine, and the remedial value of these four alkaloids as deduced from their experiments is shown by the following statement:

Quinidine,	ratio	of	failure	pr	1000	cases,	6
Cinchonidine,	"	"	"	"	"	"	10
Quinine,	"	"	"	"	"	"	7
Cinchonine,	"	"	"	"	"	"	23

Cincho-quinine contains all these alkaloids, and the combination has proved more efficacious than any one alone; and the price of this article being less than one half the present price of sulphate of quinine, the physicians of this country are substituting it for the sulphate; and the medical officers of the Government service should give this subject due consideration in preparing their requisitions for medical supplies.—*Washington, D. C., Daily Nation, August 8, 1877.*

EMETICS AND PURGES.—The *British Medical Journal* states that Dr. Dowse, of the London Sick Asylum, has implicit faith in what he calls the revulsive treatment of disease; and, although he admits that it is as old as the hills, yet he considers it to be of the utmost value. It appears to be his common practice to administer emetics and purges, and in cases where it would have been thought heterodox fifteen or twenty years ago. The emetic is composed of one scruple of ipecacuanha and half a grain of tartar emetic, the purge of half a drachm of compound scammony powder and two grains of calomel, to be given three hours after the emetic. He denies that this emetic is a depressant; on the contrary, it relieves depression by its revulsive action in eliminating morbid material and stimulating healthy glandular secretion. He always commences the treatment of erysipelas in this manner, even in its severest form, with the most beneficial results, and out of many hundreds of cases the success has been universal. In his opinion, it materially lessens the tendency to pyæmia.

GENERAL GARIBALDI.—Direct news from Caprera enables us to announce that its illustrious occupant has made a more than usually satisfactory recovery from his last attack of rheumatoid arthritis. The General is now entirely free from pain, and can prosecute his favorite studies without fatigue. True to his later proclivities, he dissuades the Italian Government from carrying out its projected fortification of Rome, and while pointing out that Italy's true defense is her fleet, does not fail to improve the occasion for driving home a sanitary truth. Disease is the enemy from which Italian cities in general, and Rome in particular, have to be fortified. Let, therefore, the Government, instead of surrounding the great centers of life with trenches and wide tracts of waste ground, which are too often fever-preserves, expend its energy and treasure in making them healthful, attractive, and exhilarating. Let it prevent inundation from the Po or the Tiber, replace the squalid dwellings of the poor by appropriate houses, convert the narrow streets into spacious boulevards lined with the eucalyptus, and encourage the youth of the country in the disciplined use of arms, which, after all, is a nation's best safeguard. Long may the General live to inculcate such salutary lessons!—*The Lancet*, August 26, 1877.

CYANIDE OF MERCURY IN DIPHTHERIA.—Dr. A. Erichsen (St. Petersburg *Med. Woch.*, April 14,) on the strength of twenty five cases in which he tried it, strongly recommends minute doses of cyanide of mercury (*hydrargyrum cyanatum*) in diphtheria. He believes in the efficacy of mercury abridging the duration of the diphtheritic process, while he knows of no other preparation except this which does not quickly disturb digestion and nutrition. Given in small doses, it scarcely disturbs the alimentary canal at all, even when continued for a long time. Indeed, syphilitic children, from a year old, may be treated for weeks without any such disturbance occurring, if it be given in doses of one-forty eighth of a grain thrice daily. In diphtheritis, Dr. Erichsen had used it at various ages—from seven months to fourteen years—as well as in adults, and in all the cases it was well borne. In a short time the membranes became thinner and less adhesive, so that even where they had spread into the larynx and induced obstruction, with cyanotic coloring of the face, they still separated and rendered the larynx free again. This was the case in three of the instances occurring in young children, the symptoms which seemed to threaten death or to require tracheotomy yielding to the internal use of the cyanide and the local application of hot sponges. This mode of treatment has also the advantage of rendering the necessity of local applications to the fauces much less frequent; and penciling the parts with tincture of iodine twice a day suffices, instead of the constant applications, which are so irksome. The dose varies with the age children to their third year requiring only one-ninety-sixth of a grain, and older children and adults one forty-eighth of a grain every hour during the day, and every two hours during the night. The following is the formula employed:—

R. Hydrarg. cyan.,.....	gr. j
Aque destil.,.....	℥ vj
Syr. simp.....	℥ ss.

A half or a whole teaspoonful every hour.

Most of these twenty-five cases were children from the third to the fourth year of age, in whom the prognosis is not so favorable as in older children and in adults. Of the twenty-five only three proved fatal—one from paralysis of the heart, a second from suppurating parotiditis, and the other from coinciding meningitis; but in all the cases—even in the fatal ones—the diphtheritic process was arrested.

SUBCUTANEOUS INJECTION OF ETHER IN COLLAPSE.—(*Jl. de Med et. de Chir. Prat.* March, 1877. *Lon. Med. Record.* April 15, 1877.) M. Vermeuil at La Piete, has employed with success in several cases of collapse, the subcutaneous injection of ether. With regard to the method of using it, M. Vermeuil advises the surgeon to go about it with the thermometer in one hand and syringe in the other. He might commence by giving fifteen drops, and repeat it in an hour, taking care to ascertain the temperature. If this be not sufficient, the injection may be made as many times as is necessary, the ether being apparently well borne.—*Detroit Med. Jour.*

SIMPLE MEANS TO LESSEN THE PAIN OF A BLISTER.—(*Lyon Medicale—The Clinic*, Feb. 10, 1877).—M. Ernest Besnier proposes the following plan: Apply the blisters early in the morning; these, properly prepared, covered with a leaf of oiled Joseph paper, will cause very little pain, and never produce the sometimes grave and always painful vesical and renal symptoms, provided that the blisters are removed after five or six hours, at most, or soon as the epidermis commences to lift itself lightly and partially, which one can easily tell by the ivory colored and wrinkled appearance of the skin. Now cover the latter with blotting paper, saturated with cerate or cold cream. Vesication then continues, almost painless, and the blister is almost as large as if the application of the cantharides had been continued.

CASE OF GASTROTOMY.—M. Koeberle, of Strasburg, has communicated to the Societe de Chirurgie (*Gaz. des. Hop*) a case of irreducible retroversion of the uterus, which, by compression of the intestine, induced a complete arrest of fecal matters, accompanied by the ordinary symptoms of intestinal obstruction. Gastrotomy was successfully performed, the uterus being adjusted by passing the finger through the aperture in the abdomen, after which all accidents ceased. Profiting by the aperture, the surgeon fixed one of the ligaments within the wound, with the intention of fixing the uterus to the wall of the abdomen, and in this way effected a radical cure. He sacrificed a healthy ovary, but he would not have proceeded thus had not an opening been made in the abdomen for an operation that was absolutely necessary. He utterly discountenanced any operation of this kind undertaken expressly for the reposition of a retroverted uterus.

REMOVAL OF OVARIES.—Dr. E. H. Trenholme relates (*Obstetrical Journal of Great Britain and Ireland*) two cases of ovariectomy, or spaying. In the first case he removed both ovaries through an incision in the abdominal wall, between the umbilicus and pubes, five inches long. His reason for doing so was the presence of an interstitial fibroid in the uterus, which was wearing out the patient by pain and hemorrhage. His theory was, that by the removal of the ovaries the patient would be made forty-five instead of thirty-two, and that the tumor would disappear in the way these tumors often do at the change of life. The patient recovered perfectly, and is in good health. In the second case he removed the left ovary from a woman twenty-eight years old, suffering from dyspareunia and chronic oophoritis, with the result only of relieving the dyspareunia. The ovary was removed through an incision in the posterior wall of the vagina.

AT THE BROMPTON HOSPITAL some very interesting experiments are being made with the salicylate of soda in the treatment of phthisis. This salt is given in scruple doses every five or six hours. One of the most marked results was the uniform reduction of temperature. While this fact is interesting, and should induce a general trial of the salt, the results are not yet such as to justify any positive conclusions. —*Canada Lancet*, June.

DEATH OF SAMUEL WARREN.—The decease of the author of the "Diary of a late Physician" can not be allowed to pass without regretful remark. Mr. Samuel Warren was made Master in Lunacy in 1850, and has not of late years been much before the reading public. His last considerable work was a novel—"Ten Thousand a Year"—but it is by the "Diary" he will be remembered. When a student of medicine at Edinburg University nearly half a century ago, Mr. Warren obtained that acquaintance with the more personal aspects of our profession which he evinced throughout the series of papers in "Blackwood," afterwards published in the "Diary." It is impossible not to lament the loss of one who will live in memory as a rare exemplar of the art which produces pictures in words.—*Lancet*.

THE medico sanitary arrangements of the Russian army are said to be very complete.

ATTENDANCE AT THE GERMAN MEDICAL SCHOOLS.—The number of students attending the various schools during the years 1876-77, was as follows: Berlin, 281; Greifswald, 222; Leipzig, 361; Gottingen, 122; Breslau, 177; Königsberg, 126; Bonn, 118; Erlangen, 121; Würzburg, 491; Innsbruck, 62; Graz, 161; Krakau, 181; Prague, 326; Pest, 600; at the same time Vienna had 906, among whom were 54 Americans, 8 Brazilians, 4 Turks, 1 Dane, 38 Prussians, 20 Englishmen, 2 Frenchmen, 12 Grecians, 2 Irishmen, 5 Norwegians, 8 Russians, 7 Scotchmen, and 18 Swiss.—*Wiener Med. Presse*, July 22, 1877.

THE FORMATION OF CORROSIVE SUBLIMATE IN THE SYSTEM (*The American Practitioner*, August, 1877).—It has recently been asserted that calomel in powder mixed with powdered white sugar or magnesia, forms, in twenty-four hours, a corrosive sublimate. According to the *Osservatore Med. Sic.*, Nos. 1 and 2, 1877, Dr. Polk has observed all the effects of poisoning by corrosive sublimate produced by the administration of calomel and sugar prepared for a month. The examination of the remainder established the presence of a notable quantity of the bichloride of mercury. The same fact is stated in the *Journ. de Pharm. et de Chem. de Turin*, November, 1875, where pastilles were used. The pastilles contained sugar, which acted on the calomel and transformed it into the bichloride. On the other hand, Carlo Bernadi, pharmacist, Milan, has made numerous experiments, and concluded that the poisoning was not due to the formation of corrosive sublimate, but to the impurity of the calomel employed. Further experiments are necessary to settle this point, and they will not certainly be very difficult. Calomel, fortunately, may be given in various other ways, as by simple putting on the tongue without any mixture.—*Philada. Medical Time*.

CAPSICUM IN ALCOHOLISM.—Dr. C. A. Owens (*Lancet*) finds capsicum very useful in alcoholism. He uses it in combination with nux vomica and dilute nitrohydrochloric acid, in an infusion of gentian. The tincture is a good form to give the remedy. The prescription is particularly valuable in the treatment of drunkard's dyspepsia, morning sickness, faintness, etc.

CONSUMPTION CONTAGIOUS.—Dr. A. N. Bell, of New York City, read before the late session of the American Medical Association a very interesting and remarkable paper, in which he demonstrated, by the results of a large number of carefully conducted experiments, the following points relating to consumption, or tuberculosis :—

1. The disease is contagious. It may be communicated by expectorated matter, or by means of diseased tissue.

2. Tuberculosis, or consumption, is a very common disease among cattle, horses, fowls, and other domestic animals.

3. This disease is produced in animals, by the same cause which occasions it in human beings ; viz, bad air impure food, want of sunlight and other hygienic surroundings.

4. Eating the raw flesh of animals affected with this disease is the surest means of infection.

5. The disease may be communicated by the use of the milk of tuberculosis animals; ordinary cooking does not destroy the poisonous properties of the tuberculosis flesh.

AN OBITUARY NOTICE of Dr. Knaggs, in the "*Melbourne Medical Record*", says that on the 17th of May, 1834, he married Phebe, the thirty-seventh child, and youngest daughter of the late Andrew Maiben, of Maibenbrook, Sligo.

DR. SAYRE, of New York, demonstrated his plaster jacket for spinal caries and deformities, before the British Medical Association at the recent meeting in Manchester. The English weekly medical periodicals say that the enthusiasm was immense.

VIBURNUM PRUNIFOLIUM.—Dr. Jenks, of Detroit, *Clin. Record*, advises half a drachm to a drachm of the fluid extract, every two or three hours, during the menstrual period, as a remedy for dysmenorrhœa. He also advises it to prevent abortion, when the symptoms present, indicate danger of the expulsion of the embryo.

ALBUMINATE OF IRON.—This remedy has produced peculiarly good results in the hands of French physicians in anæmia and chlorosis. It is quite soluble and easily absorbed into the system, and capable of being borne on the weakest stomach.

ON PERCUSSION OF THE BONES.—Prof. Lucke, of Strasburg, makes use of percussion in the diagnosis of affections of the bones, the nature of the osseous lesions being indicated by the character of the percussion note. He has found that in healthy long bones there is a difference in the percussion note over the apophysis and the diaphysis, the sound of the apophysis being sharper. In the same individual, the sounds produced by percussion of corresponding points on the two sides of the body are similar in pitch. Over the callus of recently consolidated fractures and in chronic central osteitis of the apophysis, the percussion sound is duller than normal while, on the other hand, in chronic arthritis of the knee the sound over the rarefied extremity of the tibia is higher pitched than on the opposite side. The fine differences in the tone are difficult to appreciate, and can be most easily obtained over the bones of the extremities, where there are no subjacent cavities. The extremity should be raised while practising percussion.—*Gazette Medicale de Paris*, June 30th.

A WRITING-MACHINE FOR THE BLIND.—M. Recordon Geneva, has invented a machine by which blind people can write at once in characters meant for their blind brethren and in ordinary letters legible with the eyes. A writer in a Paris paper says that he saw it in operation, and a few phrases which he himself wrote with it, without any preparatory study, were deciphered immediately with surprising rapidity.

DR. EDWARD WARREN (Bey), a prominent American physician of Paris, has just been created a Knight of the Order of Isabel the Catholic, as a recognition of the professional skill displayed by him in the successful treatment of some Spanish personages of high position.

DR. JOSEPH D. BRYANT has been appointed Lecturer on General, Descriptive, and Surgical Anatomy, at Bellevue Medical College, in place of the late Prof. A. B. Crosby.

PROF. J. H. POOLEY, of Starling Medical College, Columbus, Ohio has accepted the invitation to finish the course of lectures at Dartmouth, commenced by the late Prof. A. B. Crosby.

SIMPLE METHOD OF TESTING THE PURITY OF CHLOROFORM.—Dr. Lueke, of Strasburgh, gives the following simple method of testing the purity of chloroform: Immerse a small piece of thin white blotting-paper into the chloroform, and then let it dry in the air. As soon as all the chloroform has evaporated, the paper will not present the least smell if the chloroform is pure. If there is any acid smell perceptible, it indicates the presence of butyric acid in the chloroform, and as a rule has the strong characteristic odor of that substance.—*New Remedies*.

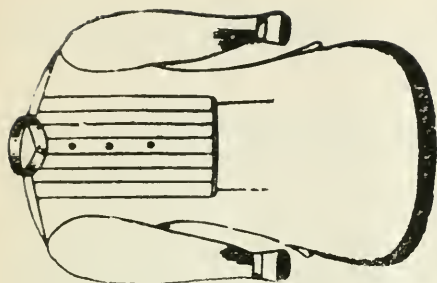
TREATMENT OF FISSURES OF THE NIPPLES DURING LACTATION Buttler. (*The Ohio Med. Record*, May, 1877.)—When fissures of the nipples are not due to some constitutional cause, tinct. of benzoin freely applied to the parts will, in about five to ten days, effect a cure. Only the first application is painful. Tinct. of benzoin forms a covering on the surface of the nipple, and so protects it from the child. Lactation is never interrupted by the above process of treatment.—*Ibid*.

BOOKS & PAMPHLETS.

NAPHEVS' THERAPEUTICS.—Already the edition of this work which was published at the commencement of the present year is *entirely exhausted*. No higher testimony to its worth could be given. It recommends itself at once to every physician who sees it. As was remarked by the *New York Medical Record*: "As a handbook of Therapeutics, pure and simple, it is invaluable to every practicing physician:" and the reason was well stated by the *American Medical Bi-Weekly*: "In no work can the practitioner learn so easily as in this one, the favorite medicines used in treating diseases, and the best methods of compounding them." A new edition (the *fifth*) is in active preparation. The editor has been assisted by several very competent gentlemen in special departments, and the work has received a most thorough revision, and very large additions.

THE PATHOLOGY OF HERPES ZOSTER—Clinically considered, by Geo. H. Rohé, Baltimore, reprint from the *Archives of Dermatology*, July 1877.

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ROBT. LAUTENBACH, Pharmacist.
 Dear Sir:—I have used your preparation
 of Cod Liver Oil with Churchill's Hypophos-
 phites and Phosphate of Lime with satisfac-
 tion and success in cases of Consumption,
 Bronchitis, and Catarrh.

Very respectfully,
 WILBUR P. MORGAN, M. D.,
 175 Saratoga St

Balt more, October 1-1, 1875.
 Dear Sir:—I cheerfully recommend R.
 Lautenbach's preparation of Cod Liver O-
 il with Churchill's Hypophosphites and Phos-
 phate of Lime; having used it with marked
 good effect.

N. G. RIDGELY, M. D.,
 352 Madison Avenue.

Experience in the use of R. Lautenbach's
 Cod Liver Oil with Churchill's Hypophos-
 phites and Phosphate of Lime, has induced
 me to consider it to be the most pleas-
 ant and effective of that class of important re-
 medies.

W. G. RIDER, M. D.,
 87 Mulberry Street,

With permission I refer to the following for further testimony:

Prof. A. P. SMITH, 45 Franklin Street
 Dr. JUDSON GILMAN, 172 Saratoga St.
 Dr. E. M. REID, 245 N. Fremont Street.

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Pepsin Perci.	-	-	-	6¼ grains.
Acid Hydrochloric,	-	-	-	2½ minims

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In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession,, I find it to substantially agree with that article.

Yours truly,

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" " " " Cod Liver Oil,	-	-	-	-	-	-	-	1 00
" " " " Cod Liver Oil and Iodide of Iron,	-	-	-	-	-	-	-	1 00
" " " " Cod Liver Oil and Phosphorus,	-	-	-	-	-	-	-	1 00
" " " " Hypophosphites,	-	-	-	-	-	-	-	1 50
" " " " Iodides,	-	-	-	-	-	-	-	1 50
" " " " Alteratives,	-	-	-	-	-	-	-	1 50
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" " " " Pepsin,	-	-	-	-	-	-	-	1 50

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QUINIDIA---	Ratio of cure per 1000 cases,	994
QUINIA	“ “ “	993
CINCHONIDIA	“ “ “	990
CINCHONIA	“ “ “	977

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THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumn Term, Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1877-1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 3, 1877, and end about the 1st of March, 1878.

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JAMES R. WOOD, M. D., LL. D.,

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The Spring Session consists chiefly of recitations from text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and in the College building.

FEES FOR THE REGULAR SESSION.

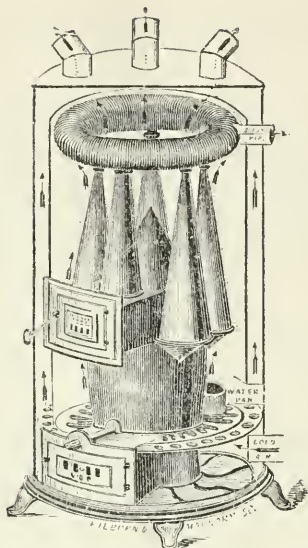
Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 01
Graduation Fee.....	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter).....	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon *Materia Medica, Physiology, Anatomy, and Chemistry*, and if successful, they will be examined at the end of their third course upon *Practice of Medicine, Surgery, and Obstetrics only*.

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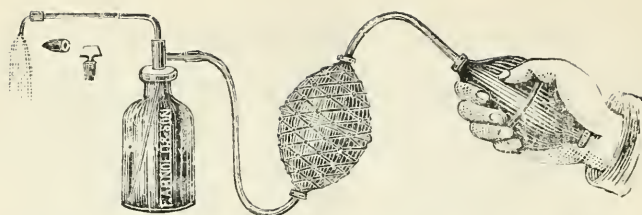
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